

THE

MEDICAL AND SURGICAL REPORTER.

No. 526.]

PHILADELPHIA, MARCH 30, 1867. [Vol. XVI.—No. 13]

ORIGINAL DEPARTMENT.

Communications.

MILK-SICKNESS: ITS CAUSE AND EFFECTS.

BY AMOS SAWYER, M. D.,
Of Hillsboro', Ill.

The inclosed article—"The Plant that Causes Milk-sickness"—I clip from the "*Missouri Republican*," thinking it might prove of interest to the readers of your Journal.* I also wish to add my testimony to that of Mr. JERRY.

In August, 1860, I received information that a Mr. R. N. LEE, residing at Nokomis, in this county, had discovered the plant that produced milk-sickness. I therefore determined to procure a specimen, and during the following September, I rode sixteen miles, for that purpose, as well as to converse with the discoverer of this cattle exterminator. I found him at work at his trade—plastering—and he was unable then to leave his work to procure the desired plant. He promised, however, to send me a "bunch" in a few days.

He assured me there could be no doubt, as to its being the identical plant that caused this most frightful disease; for he had often administered it to animals, in order to convince his skeptical neighbors; and they, one and all, admitted it produced the genuine milk-sickness.

Upon the reception of the plants, (wishing to have authority, other than my own in its botanical analysis,) I sent a specimen to that eminent physician and botanist—Dr. Wm. M. McPHEETERS, of St. Louis, Mo. His reply was in accordance with that of Mr. SANDERS. I immediately communicated to Mr. L. the name of the plant; but do not know that he interested himself further, in the matter; although he was aware that large rewards had been offered by this, and other states, for the discovery of the cause.

*The article will be found on a subsequent page.

My own experiment with the *Eupatorium Ageratoides*, warrants me in asserting that it will produce a disease in animals, very similar to milk-sickness. The constitutional effects however may be different: for in the genuine disease, man seldom, and animals never, entirely recover: as evinced by the shattered condition of the nervous system—the least over-exertion, especially during warm weather, causing muscular weakness and trembling, and in addition, in man, nausea and vomiting—this I have known to occur fifteen years after the attack.

It frequently happens that drovers purchase cattle, which have recovered from an attack of this disease, and are apparently healthy; but should they at any time over-fatigue them, it will quickly be discovered, for down they go wherever they may be; and unless they are fed all the corn (best green) they can eat, more or less will die; corn seeming to have the same happy effect with them, in the cure of the disease, that quinine does in ague.

I will cite a case (one of the many, occurring every year,) in illustration.

During the fall of 1865, a drover wishing to reach a certain place, where he could stop with his cattle for the night; and being somewhat behind time, urged his drove to a quicker pace. In a short time, to his great astonishment, almost at the same moment, 12 of the best and fattest steers "fell out of the ranks," trembling and staggering until they fell, and he was obliged to abandon them to the care of a brother farmer. This occurred within three miles of our town. I saw the cattle a few days afterward, and would defy any one to detect the slightest symptom of disease, by simply looking at them; for they were apparently as healthy as any of their 200 associates. As they were shipped East, I presume they made as palatable an article of food as the best; although they were not, strictly speaking, healthy!

One thing about this disease is remarkable—it is confined to certain districts: for instance—four miles east of this place is its west line

of demarcation; its east line being some 10 miles distant from the latter. Understand, it is *only found in the woods*; no danger while the cattle remain on the prairie. About six miles north you meet the line; while south and west you will not find it by going 20 miles. It does not appear to extend its limits, but where it now is, it *always existed*.

A Mr. S—, of Edwardsville, in this state, about 25 years ago, stopped at a spring near that town, and quenched his thirst at its crystal fount; also permitting his forward yoke of oxen to do the same. The cattle died; and he, after a long and painful illness recovered, a mere wreck of his former self. Could the *Eupatorium* have been the cause in this instance? Of course the question can not be answered now; but the circumstance is often cited as a proof that the poison exists in water.

Salt neutralizes the effect of the poison; for butter, cheese, or even the flesh of diseased animals may be eaten with impunity if well salted: or at least this seems to be the opinion of those who live in the affected districts. I am knowing to the fact, that, though the inhabitants will not drink milk after the sickly season begins (after the first frost,) nevertheless they continue to make *butter*; and as it is impossible to discover any symptom of the disease for from 10, to 48 hours after the reception of the poison, it is reasonable to suppose that a considerable amount of *diseased butter*, finds its way into market, yearly. An old farmer informed me that when stock have access to salt, the disease was unknown.

The herbivorous animals known to be susceptible to the poison are the horse, ox, and sheep; carnivorous, dog, cat, wolf, and their species. Those unsusceptible, are the hog, and deer. Fowls of all kinds are susceptible, not excepting the *buzzard*.

MISTAKES IN SURGICAL DIAGNOSIS.

BY STILES KENNEDY, M. D.,
Of Delaware.

Art. II.—*Supposed gun shot fracture of the elbow joint; Amputation.*—Retained brass button mistaken for *Erysipelas*.

At the battle of Drewry's Bluff on the 10th of May 1864, Gen. Beauregard captured quite a number of Federal wounded and their assistant surgeons. These were all moved to the barracks at the bluff, which was then being used as a field infirmary by the Confederates.

The captured Medical officers of the federal army were in charge of their own wounded, and their supplies were furnished by a confederate purveyor on the ground. They had been diligently at work for some time, when two surgeons of the southern army loitering by found an arm under the operating table, and with laudable curiosity they took the arm up, laid it on the table and opened it from behind to find out the extent of injury done the elbow joint. To their surprise the joint was not injured, and they cut the flesh entirely from the joint and up the humerus to the point of amputation. They then asked the assistant surgeon the cause of his amputation. He said that he examined the arm and found a piece of bone in the wound, and from the direction of the "track" he supposed the ball had passed directly through the joint.

I heard the case related to the chief Surgeon, with the suggestion that Libby prison was more suited to the operator than the infirmary was. I crossed the yard to examine the arm for myself, and sure enough the joint and bones were perfect. "How could such a mistake on the part of the operator possibly have occurred?" was asked by every one. The poor fellow was seemingly indifferent to the consequences of his error, although he was dejected and must have felt wretchedly, for no one could offer the first palliating circumstance for the grossness of his mistake.

I took the flesh that had been removed from the bones, from under the table, and introduced my finger into the bullet hole, and found a hard, rough substance imbedded in the flesh, it was examined by others and they concluded it was bone. I laid the wound open and found a piece of cherry wood three fourths of an inch long, and a third in diameter, jagged and rough. This had caused the soldier to lose his arm.

The ball struck the flexor carpi radialis, passed upward under the pronator radii teres, tore up a portion of the brachialis anticus, and imbedded itself in the triceps on the back part of the inner side of the arm. The ball was now examined, it was flattened near the point on one side, and in this irregular indented surface, as well as in the circular grooves near the base, fibers of the same wood were found. This was invaluable evidence, and should have led at once to cleaning out the track of the ball, and a most careful examination of the adjacent parts, as well as by

questioning the patient himself in regard to his position in relation to other objects and the exact position of his arm, in relation to his body, and things close to it.

The value of this sort of evidence is well illustrated by the following circumstance:

While passing through Goldsboro, N. C. in January 1863, a wounded soldier on furlough waiting at the hotel for cars, observing me to be a surgeon, asked if I would dress his leg. I replied in the affirmative, and as I removed the old dressings, he entertained me with his "story of the fight," and by the time I had the dressings off, he had got to that point where soldiers always show the ball—if they have it—that they were wounded with. I am always glad when they have it, for it answers the place of a good deal of talk with them, and sometimes aids in diagnosis. This soldier's ball was a minnie, flattened very much on one side, and in the roughness of this surface I could detect a few very small particles of brass.

His wound was in the thigh, the ball entering about the middle of the inner front, passed through without touching the bone, and made its exit by the knife on the same line posteriorly. The exit wound had healed, but the front wound was running a gill a day. He was pale and emaciated, being in the fourth month of his suffering. After a very tedious examination I cut a U. S. army staff button out of his thigh, four inches below the front wound; and for the first time he remembered that he had this button in his pants pocket the morning he was wounded, although I had asked him repeatedly if such was not the case, he steadily maintained the negative to my questions.

One mistake very often leads to many others; as in the case of the elbow joint, the medical officer recklessly presumed the ball to have taken a direct line through the joint—from the point of entrance to its lodgement. Then mistaking the piece of wood for bone, confirmed his former error, and led to amputation. On the other hand, amputation having been determined on, it was not thought necessary to make a further examination, and increase the pain and suffering of the patient.

This timidity on the part of the surgeons, which too frequently takes the shape of kindness to patients, is so censurable that no surgeon should allow himself to be drawn into it.

No surgeon should act at all, unless he can

do so intelligently, and to effect this, a careful and often prolonged and perhaps repeated, examination must be made; if the consequent pain and suffering cannot be alleviated, then the patient must bear it the best he can.

In the case of the thigh wound, the soldier informed me that he had been under treatment for subcutaneous erysipelas, and the only evidence I could find by the most thorough cross-questioning, upon which to found such a diagnosis was the large amount of suppuration, caused by the presence of a brass button in the thigh.

THE ETIOLOGY OF SPECIFIC DISEASES.

BY W. R. CHISHOLM, M. D.,
Of New Bedford, Mass.

Of the many subjects a physician is called upon to investigate, none is of more importance to the human race, or of greater interest to the man of science, than that of *etiology*. It is not only one of the most interesting studies that can engage the attention of man, but it is also of great *practical value* to the physician.

A knowledge of the causes of epidemics would be of vast service in directing us how to treat them with success, and also—what is of far greater importance—how to prevent them. In fact, it may be said that a knowledge of the etiology of a disease is *essential*, to enable us to act intelligently in devising measures to prevent it.

If we knew the true cause of *epidemic cholera*, for instance, we should then all agree as to the efficiency of quarantines in preventing its progress, and we should probably agree also upon some more rational and successful method of treatment than any now in vogue, as the inutility of many of the plans now proposed would at once be seen; and for the same reason fewer experiments would be tried; and thus our patients would be saved much impotent or positively injurious treatment.

The subject of Quarantine is of very grave importance, and has led to much discussion in all parts of the civilized world. While quarantines are expensive, and productive of great inconvenience to commerce, there are many intelligent physicians who believe that they are utterly useless in preventing the ingress of epidemics, and therefore that they should be abolished. A powerful opposition is constantly crying out against the vexatious—and, as they

say, *useless*—restrictions upon trade and travel imposed by our present system.

Are quarantines of any real value? It is time that this question was settled beyond further controversy; and the Medical Profession must settle it by studying the etiology of epidemic diseases, and discovering the laws which govern their rise and progress. If it can be proved that any given disease is caused by "atmospheric conditions"—such as, excess or deficiency of ozone, of heat, moisture or electricity, or by an "epidemic constitution of the air," then no argument is required to show that against *that* disease quarantines will always prove useless. Quarantines can never prevent the diffusion of gases, the absorption of heat, nor the condensation of vapor; nor can they control currents of electricity, or change an electro-negative atmosphere to an electro-positive one, or in any degree affect the "constitution of the air."

But let us suppose an epidemic disease to be caused by a *parasite*—or, if that is too bold a supposition, we will say a *virus*, or *germ*,—having the power of reproducing itself in the human system, and of passing from an infected person a limited distance—say 500 yards—and thus infecting healthy persons *within that limit only*. It is evident that we can always prevent *such* a disease from spreading, by isolating infected persons; and this can best be done by quarantines.

It appears, then, that before we can judge of the value of a quarantine, we must first know something of the nature and cause of the disease we wish to guard against.

Although epidemics are "wrapped in apparent inexplicable mystery," it is believed that by patient observation of their phenomena, guided by the principles learned by a proper study of other branches of science, or, in other words, by what we already know of the laws of nature, the human intellect may yet penetrate the mystery, and discover their causes and the laws by which they act.

In this essay, I shall attempt to show that *all specific diseases are caused by microscopic life-forms, each disease being caused by a distinct species of animal or vegetable life*. Should I fail to convince others of the truth of this theory, I yet hope that my humble effort will stimulate some abler mind to investigate this most interesting subject.

Let us first take a broad view of diseases in general: We find that all living organisms,

from the humblest plant up to man, are subject to diseases of various forms.

Diseases may be divided into two grand divisions, *viz. General and Specific*.

General diseases may be induced by impure air, extremes of temperature, a deficiency of food, of light, or of any element necessary to maintain the organism in health. In man, we are to consider mental causes also, as inducing general disease; for it is well known that continued grief, heavy care, or anxiety of mind, will seriously impair health, although the supply of air, food and clothing, may be abundant and of good quality.

A general disease has no reproductive power, and therefore it is never contagious nor infectious.

Specific diseases embrace all that present a specific type; all that are known to be caused by a *virus*, as syphilis, small-pox, cow-pox &c.: all that are in any degree contagious or infectious, epidemic, endemic, or pandemic.

Specific diseases have the power of reproducing themselves; and thus they are usually contagious, as syphilis and rabies; *infectious*, as cholera and yellow fever; or *both*, as small-pox and scarlet fever; but they may be neither as in intermittent fever, and all other endemics.

The oïdium or vine disease, and the potato-rot among epiphytics, pleuro-pneumonia and rinderpest among epizootics, cholera and diphtheria among epidemics, are all examples of specific diseases, chosen from among those of the most recent origin.

A specific disease can never arise from general causes, but its occurrence must always depend upon a specific virus or germ.

A specific cause never produces a general disease. A healthy man, exposed to the infection of a specific disease, either takes that disease or nothing. If he becomes infected at all, the result will be a disease precisely similar to that which caused the infection. A man may injure his health by intemperance, by hard labor, or by starvation, but he cannot cause a specific disease by any of these methods. He cannot have the itch unless the *acarus* burrows into his skin and there reproduces its kind, nor can he take syphilis without contact with syphilitic virus. No amount of animal or vegetable decomposition will ever "breed" cholera in this country, but its germs must first be imported; and then, it is highly probable (*but not yet proved*), that air contaminated with organic impurities favors the spread of the

disease. "Like begets like;" and "All life is from the egg."

In studying the etiology of specific disease, almost the first fact which excites the wonder of the student, is their marked *individuality*. With few exceptions, each disease chooses some species of animal or vegetable, to which it confines its destructive power, and year after year it constantly produces the same symptoms, never changing its character—never producing other effects or attacking other species.

The *potato-rot* which suddenly appeared in Europe a few years ago, causing a famine in Ireland, and threatening to annihilate the potato, still lingers on this continent, (having travelled westward in accordance to what appears to be a general law of specific diseases,) and wherever seen to-day, it presents the same features which it did when first observed; and its cause appears to be innoxious to other plants.

The *buttonwood-blight* confined its ravages to the sycamore trees, which were everywhere singled out and blasted by the disease, while trees of other species escaped unharmed.

The different grains, fruits, and vegetables, used by man for food, have most of them been attacked by specific diseases during the lifetime of the present generation, each disease attacking one species.

Among the lower animals pestilences have been observed to attack horses, while horned cattle confined under the same roof, and eating of the same food, entirely escaped. Then we have the pleuropneumonia and rinderpest affecting horned cattle only, the foot-rot confined to sheep, and the hog-cholera to swine.

Epidemics appear to affect man only, and it is not known that their causes ever operate to produce disease in any of the lower animals.

It seems, then, that a law of nature restricts each specific disease to some one species of animal or plant. An *infectious* disease is infectious only to the species in which it originated, although it may be *contagious* to others, and may be transmitted to them by transplanting or inoculation. A disease natural to a lower animal may by this means be forced to take root in man, and thus to grow, as it were, in a foreign soil. Rabies from the dog, and glanders from the horse, occurring in man, are good examples of transplanted diseases; but the best known and most interesting example, is the cow-pox or vaccine disease.

An attentive study of the phenomena at-

tending vaccination reveals a law of great practical value. Cow-pox never occurs spontaneously in man, neither do rabies or glanders. They can only affect the human system as the result of *contact* of a virus; but, once transplanted, they reproduce themselves, and may, (by inoculation only,) be transmitted indefinitely. They are true types of exclusively contagious diseases, being, in man, never infectious. Now, as these diseases are all known to have been derived from inferior animals, we may safely assume that: *all exclusively contagious diseases—all that are seen in man only as the result of inoculation—are foreign to the human race, and must have originated in some lower animal.*

If this assumption is correct, then the question of the origin of venereal diseases is settled; for they are strictly contagious, are only known in man as the result of inoculation.

Logic helps us to this conclusion. These diseases never occur in man spontaneously now-a-days, and we are justified in assuming that they *never did*; for the laws of Nature are *immutable*. Syphilis is believed to have been unknown until the latter part of the XVth century, and no natural law has changed since then. So it is improbable—we may say *impossible*—that the first case in man arose spontaneously. It must have been the result of *contagion*, or *contact with a living body*, for the virus can only be generated there. The first man who had syphilis, therefore, must have taken it from a brute.

The supposed derivation of the word syphilis, from the Greek words *Sys*, swine, and *phileo*, to love, seems to confirm our reasoning. We must admit, however, that this etymology is doubtful.

Now that we have said so much about syphilis, it may be profitable to glance at the earliest notions concerning its *etiology*. It appeared in Italy in 1494, when CHARLES VIII of France invaded that country with an army. The morals of the people were at that time so loose that the disease spread with frightful rapidity, and it was believed that it was transmitted by the *atmosphere*. No one supposed that it was transmitted by sexual intercourse, nor even dreamed that it was contagious. It was not until 1556 that FERNEL made known its true mode of transmission. He taught that it was contagious, and that contagion was *indispensable* to its propagation. He also taught that the contact necessary to transmit

the disease occurred during sexual intercourse.

We thus see that it was *sixty-two years* after the appearance of syphilis before anything was known of its true nature. Then, as now, the *atmosphere* was supposed to be at fault in all epidemic and contagious diseases. Then *astrology* was consulted by the same class of persons who now consult *meteorology*, and waste time in searching for "ozone," "electricity," or some other *ignis fatuus*.

We have branched off from the subject of vaccination; but before we leave it, let us consider the principle involved, and whether it may ever be applied to the prevention of diseases other than the small-pox.

The small pox is a *non-recurrent* disease, the rule being that a person has it but once, or if it does recur,—it is only after the lapse of several years has given time for a change in the system. The phenomenon of its non-recurrence is best explained by supposing that its germ feeds upon some element in the system which is exhausted by the first attack, and of course the disease cannot recur until this element is renewed. Now the cow-pox when transferred to the human system, appears to exhaust the element upon which the small-pox feeds, and thus the latter disease is, for a time, prevented.

When, therefore, we discover another *epizootic* disease, the germs of which, transferred to man, will cause a mild disease, and at the same time exhaust some element essential to the existence of an *epidemic disease which is non-recurrent*, we may prevent that epidemic by applying the principle of vaccination.

Cow-Pox is not small-pox, modified by passing through the cow, as is sometimes taught; but the two diseases are distinct in nature, the small-pox belonging to man, and being highly infectious to the human race only, while the cow-pox belongs to the bovine race, to which alone it is infectious.

By inoculation we may transfer small-pox to the ox or cow, or the cow-pox to man; but in either case the disease retains its original character, and is not "modified" in the least. The virus of cow-pox, after passing through any number of individuals of the human race is still the same, and will produce the original disease in the cow, manifesting all its original infectious power in the bovine race, although in man it is exclusively contagious. So the virus of small pox which has been forced to germinate in the cow, in which animal it is exclusively contagious, will cause the original *infectious small pox in man*.

[TO BE CONTINUED.]

Hospital Reports.

PENNSYLVANIA HOSPITAL,

February 9th, 1867.

SURGICAL CLINIC OF DR. AGNEW.

Reported by Dr. Napheys.

LITHOTOMY.

THIS boy has been suffering for three years, with irritation about the bladder, manifesting itself by frequent urination at night, a sudden interruption in the flow of water, obliging him to change his position in order to bring about a resumption of the passage of the stream, and a constant desire to defecate and during defecation, a disposition to strain. These symptoms look to some foreign body in the bladder, and constitute good grounds for supposing the existence of a vesical calculus. Still, however, there may be no foreign body in the bladder. They are called the rational symptoms, or signs of stone or urinary calculus. No operation is ever to be performed in a case of this kind without a physical exploration by means of a sound. The patient is prepared for sounding, either by introducing a certain amount of fluid into the bladder in the event of its being empty, or by having him hold his water for several hours if he be able to retain it for that length of time. The sound when it has entered the bladder is to be moved about in all directions until it meets with the foreign body, the presence of which is readily recognized by the peculiar click, produced by its contact with the instrument.

The usual seat of calculous formation is the kidney. The urine is a complex secretion, containing a variety of saline constituents. In consequence of disturbance of the digestive organs or some injury to the spine, the urine may become incapable of suspending all of its elements and a deposit takes place so soon as it escapes from the uriniferous tubes. Two or three grains of uric acid may be thus precipitated, form a nucleus for the attraction of other matter, and in this way, for gradual accretion the calculus may grow until it has attained a considerable magnitude. Then it is thrown from the pelvis of the kidney into the ureter, and during its passage into the bladder, occupying twenty-four or forty-eight hours, it may cause severe colic which instantly subsides as soon as the concretion reaches the bladder. Having entered that viscus it acts as a source of attraction there, and rapidly increases in size. A section of a urinary calculus shows in the central portion of it a body which is the nucleus, and arrayed around it concentric layers of earthy matter.

This is the ordinary way in which these urinary concretions are formed. But any

patient, whether he has such a diathesis or not, may have stone, provided some foreign body passes into the bladder. Dr. AGNEW, in examining a man who had been wounded at Gettysburg, the ball entering one side of the pelvis, found a stone in the bladder, which he presumed to have collected around the bullet as a nucleus. The stone was extracted at Chester and the ball found to constitute its nucleus. Any foreign body acts as a center of attraction and will draw from the urine the materials necessary to constitute a urinary calculus.

Having ascertained by the sound the existence of stone, its extraction may be accomplished either by crushing or by making a free incision, which is the operation now generally practiced, of the perineum upon one side, opening the perineal structures and the neck of the bladder. The operation of crushing is really a, very old one, although there have been modern improvements which have made it comparatively new. The operation of cutting is also old.

The old surgeons had a very great apprehension indeed of opening the neck of the bladder. They thought it was always followed by unpleasant symptoms, sometimes even producing fatal results. They thought that cutting the neck of the bladder, was particularly objectionable. They were in the habit of making a little orifice through the membranous portion of the urethra, and then dilating it as they said, but really, lacerating it. This was so horrible to the patient and surgeon, that many were disinclined to touch a case of stone. The operation consequently fell into the hands of itinerants, who went about the country reducing ruptures, and cutting for stone. One of these acquired a great reputation. He was a Frenchman, who knew nothing at all about the anatomy of the perineum, but he boldly cut down into it, without reference to what he was cutting, and extracted the stone with great facility. The attention of the profession was drawn to the fact that he very easily got out the stone. It was, however, notorious that most of his patients died. Parisian surgeons showed him the anatomy of the part and he afterwards became very successful. The operation of CHESELDEN, as it is called, is that usually now performed.

The boy was thoroughly etherized. The sound was carried into the bladder, and a deal sounding board attached to it, by means of which the click of the calculus could be distinctly heard throughout the room.

The patient has been placed under the proper preparatory treatment; his general health has been attended to; his bowels have been opened two days ago and this morning his rectum was thoroughly evacuated in order to produce collapse of it, and thus avoid the danger of wounding the wall of that viscus; and he has retained his urine for three hours. Previous to the introduction of ether, the patients had to be firmly tied. But as he is under the influence of that anæsthetic it is not

necessary to subject him to such confinement.

The perineum was shaved. The staff was introduced into the bladder and hooked up against the arch of the pubis, and the patient brought down to the edge of the bed. By the finger in the rectum the staff was placed obliquely to correspond with the line of the cut. The incision was made at the left side of the perineum, beginning about three-fourths of an inch in front of the anus and carrying it obliquely downward and outward to a point midway between the verge of the anus and the tuberosity of the ischium. Two movements of the knife reached the membranous portion of the urethra which was opened and the neck of the bladder and prostate were then divided by the scalpel on the staff. The latter was withdrawn and the finger carried into the bladder to guide the forceps. The stone being soft and very large, broke under the pressure and was extracted, in pieces by the scoop. A catheter was introduced, and a syringe full of water thrown into the bladder so as to wash out the debris.

The after treatment, which is as important as any other, will consist in keeping the boy perfectly quiet, seeing that the parts are kept dry, to prevent excoriations, giving him an anodyne to lock up the bowels for five or six days, allowing him a nutritious diet, and treating symptoms as they arise. If surgical fever should supervene it will be treated upon general principles.

In performing this operation the surgeon should have a staff of good size, as large as the urethra will contain. It can then be felt without making the perineum prominent, and as increasing the risk of cutting the internal pudic artery, or the rectum. The staff ought to be held away as much as possible from the perineum. In most cases where the rectum is wounded it is owing to the disposition to push the staff so far forward that it may almost be felt through the integuments.

The instruments usually employed to divide the neck of the bladder, are the gorget and the knife. Either of these, accomplish the object with perfect facility. The operation can be performed more quickly with the knife, as time is lost in exchanging the scalpel for the gorget.

PARALYSIS FROM INJURY TO SPINE.

Miner æt 24. He has been in the hospital for eleven days. A bank of ore fell in upon him and crushed him. The symptoms which presented themselves and still exist, are perfect paralysis of sensation and motion of the lower extremities, involuntary passage of feces and retention of urine. He has unimpaired motion and sensibility of his hands, arms and upper portion of his body. On examining the extent of sensation in the lower extremities, it is found that all the anterior and inner portions of his thighs and legs are insensible, but that feeling remains in the outer portion, and that a point can be designated, on one side of which he has sensation, and on the other, not.

He still feels contort over the surface of the abdominal muscles. There is great tympanitic distention of the abdomen.

These symptoms point either to fracture of some portion of the lumbar or lower dorsal vertebrae, or to concussion of the spinal marrow, followed by rupture of the thin wall of the large veins on the inside of the spinal canal, and pressure on the cord. The diagnosis of fracture of the bodies or articular processes of the vertebrae is very difficult, that of spinous process can readily be made out, they being easy of access. Whether these be fractures or not, there is pressure on the spinal cord, as shown by the paralysis of the anterior crural nerve. The reason he feels on the outside of the limbs, is because the nerves endowing these parts, comes from a source higher than the others. The nerves conferring motion and sensibility upon the intestines, come from the spinal marrow, hence, anything of this nature which involves the spinal cord, must be followed by paralysis of the muscular coat of the bowels, and therefore an accumulation of flatus in, and distention of the bowels.

All that can be done is to make the patient comfortable. Nearly all these cases terminate fatally. The man must be protected against excoriation, for after an accident of this kind bed sores are very common. For this purpose a water bed is a significant contrivance. If this cannot be obtained, the part exposed to pressure should be rubbed with some stimulating liniment, to keep up their vitality, and relieved by appropriate air bags, or cushions. The bladder should be emptied two or three times a day, and as the bowels are opened without the control of the patient, cleanliness becomes very important.

BELLEVUE HOSPITAL, N. Y.

STRICTURE OF THE URETHRA—DEATH—AUTOPSY.

Reported by J. Calvin Mead, M. D., Senior Asst. Surgeon

M. H. æt. 35; laborer. Admitted into Bellevue Hospital June 14th., 1866 with the following history. Three years before admission, contracted gonorrhœa from which he apparently recovered in three weeks. Eighteen months later, was troubled with incontinence of urine. Previous to this, his stream of urine had gradually decreased in size until the time mentioned, when he could only void the urine guttatim. His condition remained unchanged until he entered the Hospital for treatment.

When first seen, the urine was constantly dribbling from him. The introduction of a capillary bougie proved the presence of a stricture seven inches from the meatus. Subsequently a No. 3 (bulb pointed) bougie was made to engage in the stricture but could not be passed through it.

June 21 1866, 9.30 P. M. Patient tossing about in bed, complaining of severe burning pain above the pubes and inability to pass

urine. He was at once placed under treatment and seemed for a day or two to be improving, but pain and other symptoms afterward became aggravated. He gradually sank and died June 27th.

Autopsy, 12 hours after death. The penis, bladder, ureters, and kidneys were removed together.

Urethra. About seven inches from the meatus there was found a stricture hard and unyielding. Urethra not dilated behind it.

Bladder. This organ was distended with a dark and very offensive fluid, consisting of blood urine and pus. The walls were much hypertrophied. The mucous membrane showed signs of chronic inflammation, much resembling in appearance, heavy, knotted, woolen cloth.

Ureters. These were distended to different degrees from $\frac{1}{4}$ to 1 inch in diameter. In the left, were three constrictions through one of which a small probe could be passed with difficulty. Behind these the organs were more distended than elsewhere.

Kidneys. The right was the larger. The pelvis and calyces of each were enormously distended, and a considerable part of the pyramidal portion removed. Near the surface were several small abscesses.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

CONVERSATIONAL MEETING,

Wednesday Evening, March 13th, 1867.

[Reported by Dr. Napheys.]

Subject for Discussion—*Report of Committee on Status of Female Physicians.*

DR. D. FRANCIS CONDIE, Chairman.

DR. CONDIE read the following report: The subject for discussion, to-night, may be comprised in the following question, namely: Is the recognition of Female Medical Graduates by our profession proper and expedient?

It cannot be denied that there are in our midst, women of fine natural abilities, cultivated by a thorough, liberal education; nor will it be doubted by any one that, were one of this class of women to be thoroughly instructed in the institutes and practice of medicine, she would be as likely to become as successful a practitioner of the healing art as any male graduate; and were a woman, thus qualified, to confine herself to the investigation and treatment especially of the diseases of her own sex and of children, we do not believe that association with her at the bedside of the sick would be objected to by any liberal-minded practitioner of the other sex. But to inundate our profession with a host of females possessed of no higher qualifications, professional or ethical, than are possessed by

the graduates of badly organized and irresponsible schools, cannot be too strongly deprecated. There are just grounds to believe that such will most surely be the case as schools for the manufacture of female doctors multiply, and their benches become thronged by women who are prompted to the pursuit of medicine by no higher motive than what results from a feeling that it is respectable, less confining and more remunerative than any of the ordinary pursuits that are now open to them. Even to those ladies who are conscious of possessing all the qualifications, intellectual and educational, to enable them to enter with a fair prospect of success upon the study and practice of the healing art, we would say, pause before you assume the toil and anxious cares—the heavy responsibilities—incident to the life of a physician. Recollect, also, that in devoting your days to the practice of medicine, you must necessarily forego that high and noble mission for the fulfilment of which you were destined by your Maker. You cannot hope to become the central sun of the domestic circle diffusing through it a genial light and warmth, and beauty; you must give up the pleasing task of developing—as none but a mother can—the physical, moral and intellectual faculties of the young; and of acting out your appropriate role of becoming at all times and in all things a help meet for man. To practice medicine faithfully and successfully demands the concentration upon the work of the whole mind—of the entire life. It will allow of no other pursuit being carried on in connection with it, scarcely of any turning aside for necessary relaxation and repose.

There is another important preliminary to be disposed of by the female before it will be prudent for her to assume as the pursuit of her future life the arduous, never-ending task—the anxious, exacting duties of the medical practitioner; and that is, to determine whether her physical strength and the physiological peculiarities of her organization are such as will enable her to fulfil faithfully the duties of a medical practitioner without incurring the risk of an early loss of health, leading, it may be, to an early extinction of life.

In disposing of the question submitted to the consideration of your committee, the fact must be taken into consideration that female practitioners authorized by the authority of the State, already exist, with a clear prospect that their increase in the future will be far greater than it has been in the past. In view of this fact, your committee would respectfully suggest whether the wisest course for us to pursue would not be to offer every encouragement and facility to ensure to the female graduate such educational and professional acquisitions as will enable her to enter with safety and with credit upon the practice of medicine.

We confess that we are opposed to female medical colleges as now organized. If we are to have female physicians, let them emanate

from the same schools at which our male physicians receive their professional education. Our leading medical colleges are constantly drawing into them the best talents of the country—enlarging their course of instruction and elevating their requisites for graduation. Let these advantages be extended freely to female students. If objection is made to females being taught in the same classes with the males, they may be formed into separate classes and receive instruction at hours appropriated especially to them.

Your committee trust that the medical profession will never approve of a recognition of every female graduate without discrimination as a legitimate member. The committee believe, nevertheless, that it would be a judicious measure—one, indeed, of policy and of justice, to draw a broad line of demarkation between the worthy and the unworthy, the competent and the incompetent of those females who come forward as practitioners of medicine, and while, without hesitation, the unworthy and incompetent are repudiated, the hand of fellowship be extended to the opposite class in all good faith, confirming them thus in an honorable career and, at the same time, granting to them the same rights and privileges that are secured by our Code of Ethics, to every member of the profession, and subjecting them to the same penalties for any infringement by them of the provisions of that Code. When we shall be prepared to draw such a line of demarkation, and by what authority it shall be established, are questions which cannot be definitely settled until all necessary regulations in respect to the education of female aspirants to the doctorate in medicine shall be established, and the nature of the security that shall be required of them for a strict compliance on their part with such regulations, shall be settled.

Having thus presented very candidly their opinion on the subject submitted for their consideration, your committee would present for your adoption the following resolution, viz:

Resolved, That the Philadelphia County Medical Society cannot consent to the repeal of the resolution passed by the Pennsylvania State Medical Society, at its session of 1860, in reference to the graduates of female medical colleges *as at present constituted*; and they hereby instruct the Delegates from the society, to the next session of the State society, to use all honorable means to prevent the repeal of the said resolution, which they believe to be as loudly called for now as at the period when it was passed.

Signed by a majority of the Committee.

DR. HARTSHORNE asked for information as to the resolution of the State Medical Society, just referred to in the report of the committee.

In reply to which question the Secretary read from the minutes of the meeting of the State Medical Society, held at Wilkesbarre, June, 1866, as follows:

"DR. H. CORSON introduced the following preamble and resolutions :

"Whereas, At a meeting of this Society, held in Philadelphia, in June, 1860, the following resolution was passed, viz :

"Resolved, That it is the sense of this Society that members of the medical profession cannot, consistently with sound medical ethics, consult or hold professional intercourse with the professors or graduates of female medical colleges as at present constituted, inasmuch as some of the professors are irregular practitioners, and all of their colleges ineligible to membership in the American Medical Association."

"Therefore, Resolved, That the above resolution be and is hereby rescinded.

"DR. MAYBURY moved to lay the resolution on the table, which on a call of the yeas and nays, was decided in the negative.

"On motion the society adjourned until 8 o'clock P. M.

"8, P. M.—DR. MOWRY offered the following resolution which was seconded :

"Resolved, That the resolution of 1860 (previously discussed) is not intended to prevent the members of this Society from consulting with regularly educated female physicians who observe the Code of Ethics."

Owing to the lateness of the hour the question was not decided.

"The next day, the resolution offered by DR. MOWRY, and pending at the close of the evening session, was again called up, and DR. MAYBURY offered the following, which was seconded by DR. MOWRY :

"Resolved, That the resolution offered by DR. MOWRY be referred to the several County Medical Societies, with instructions to report thereon, at the next meeting of this Society. "This resolution was unanimously adopted."

On motion the report of the committee was accepted.

It was moved and seconded that the resolution embodied in the report be adopted.

DR. HARTSHORNE now moved that the resolution offered by DR. MOWRY, at the meeting of the State Medical Society, at Wilkesbarre (as quoted above), be added as an amendment to the resolution of the report.

DR. CONDIE objected to the amendment toto cœlo. He would never allow any individual member of the profession to decide who shall be the persons consulted by him and who not, or who shall be regular members of the profession. Our medical societies—our National and State societies must settle that question. His own opinion was that the resolution attached to the report of the committee was one absolutely demanded. The present condition of the female colleges is rather worse than it was when the resolution with reference to them was passed by the State Medical Society, in 1860. The report in offering to receive, with wide extended arms, all regularly educated females, of proper mental qualifications and culture, prior to entering upon professional education, is liberal enough. Such fe-

males should also, in his opinion, be educated in colleges as pure at least as those which educate males. Then, should we raise up in our midst those as distinguished as Mesdames BOVIN, or LA CHAPELLE; he should be much pleased, whether they were females or males. The London *Medical Times* states that they have opened the schools in London to females; that three have passed the examination in regard to academic qualifications, received certificates and will take their places on the benches. He had no idea of being less liberal here than they are in England, provided the candidates will come in in the same manner, and not have schools of their own where any physician, of any kind of notoriety or any kind of talent, no matter what the moral or professional standing, is admitted to teach. No female, over whom he had any control, should ever enter these colleges or take a seat on their benches. As we will have female practitioners it only remains for us to determine whether they shall be properly and well educated, or, whether we shall allow a few individuals who examine this question to say, "Oh, I am the judge of this matter; I say if this woman obeys the Code of Ethics I will consult with her."

The language of the petition of the corporators and faculty of the Pennsylvania Female Medical College to the State Medical Society, "that they are sustained mainly by the best classes in the community," is precisely that of the homeopaths, who assert that the best people and the best ranks of society employ them. With a part of that petition he sympathized; that worthy female practitioners, well educated, may want a consultation to make use of the experience and greater skill of standing members of the profession. He would be willing, however, to exclude them from such aid until all females who desire to be practitioners of medicine come in regularly and are free from all stain from their alma mater and from some practices which prevail there. There are female graduates who are a disgrace to the medical profession, and who ought to be punished by law.

DR. ROBINETT thought that the resolution of the committee and the amendment offered by DR. HARTSHORNE, conflicted. In parliamentary usage the adoption of the amendment would ignore the report of the committee altogether. Some caution should be used in voting on the amendment.

DR. HARTSHORNE explained that the old resolution of 1860, of the State Medical Society, declares that female medical practitioners are not recognisable by the profession because, as it were, of the status of the female medical colleges; that at Wilkesbarre a motion was made to repeal this, which was lost; that then DR. MOWRY made a motion not to repeal but to supplement it by putting the non-recognition on the ground absolutely of the status of the female colleges. The question has been compromised long enough, the profession feels the need of something more. There are two

points involved, one is whether in the abstract, female practice of medicine is unethical and inexpedient always, and the other is, whether at this or any other particular time, the regular preparation of females for the practice of medicine is proper. They ought not to be confounded; if one is asserted without the other, it commits the society to what it is not ready to be committed. He did not think the majority was ready to be committed on the abstract ground that no woman can be properly educated for the practice of medicine. Those who consider that our colleges ought to be open to female students cannot assume that no woman should be admitted to the profession. We should not, therefore, be doing our whole duty in passing the resolution of the committee, hence he had made the motion to amend the resolution of the committee by the addition of that of DR. MOWEY, not to conflict but to supplement, in order that while asserting we are not ready to acknowledge certain female medical colleges, also, to declare that when female medical practitioners are competent we will recognize them.

DR. CONDIE suggested that provided said female practitioners shall become members of the County Society in which they reside.

DR. HARTSHORNE was willing to accept the idea of that suggestion, but thought it objectionable practically.

DR. BELL said that the practical question for us is whether female practitioners are properly educated, not whether they can be. He did not think any member of the profession could say that they were educated. Why resolve then on the supposition of their being educated such as this amendment does if we can affirm that there are no regularly educated female practitioners, no proper colleges to give them a degree? We say in the report that a female is fit to practice medicine under certain conditions of mind and body. But how is she to get the proper knowledge? Not by any means existing at the present time. Are women entitled to practice as they are at present situated in regard to medical education and demands? The majority will say no. How can they be when there is no one medical college in the country which has the proper authority or material in it to authorize them to practice?

The amendment then may be dismissed with the consideration that it is a supposition, we may meet to-morrow, or next week, or next month, but it is not now a reality. The female medical practitioner may be a woman of very large talents but she is not upon that footing which will entitle her to be met at the bedside of the sick, as a regular member of the profession.

The infirmities incident to the position of wife and mother, prevent a woman from attending to the duties of the profession during much of her time, and to that extent disqualify her. Man, himself, often distracted by family cares and necessities, feels in his busi-

ness the obstruction to a considerable extent. To how much greater a degree then, will a woman, who has a whole circle of domestic cares, unless, indeed, she should make a vow, as so many do, from the perception of higher duties, to devote herself to the profession and forego matrimony, making such a sacrifice as we see in those who consecrate themselves for life, to toil in hospitals and nunneries.

DR. COATES said he had no doubt but that women were perfectly competent, under favorable circumstances, to make good practitioners, but it seems to be very rarely the case that they do; therefore, the question is, how shall we decide whether they are properly qualified. He did not believe that the facility existed at this moment, for giving women a proper medical education. The tendency of female medical schools seems to be of a cheapening kind.

DR. CONDIE remarked that the question is not with reference to what should constitute medical education, but it is, shall A B C say Mrs. DR. JENKINS is a competent physician, and I will consult with her; or are general laws to govern female practitioners, the same as govern male. He thought with DR. BELL that all the points at issue, were gone over in the report. It first states that females are competent, if properly educated, to practice medicine. History instructs us that the female mind is competent to anything the male mind has accomplished, whether in minute criticism in the fine arts, sculpture or painting, in the most elegant writing, ethical as well as imaginary; nay, whether in taking vessels to port under very disagreeable circumstances, taking command and even saving life by steering a life boat through a tempest-tossed sea—competent in short to do anything, if properly instructed. But the report goes on to say that females ought not to be encouraged to become physicians. God never intended them to be physicians. He intended them to be good nurses, to do what man is not competent to do, to bring up the rising generation, to be good citizens, good Christians and ornaments to society. While acknowledging their talents and saying that they are competent to acquire anything that any man is, the statement must be taken with some grains of allowance. Every man cannot become an orator or an original painter, sculptor or poet. Everything which is open to man is open to woman, if she is properly educated for the purpose. But, as DR. BELL very properly said, that is not her sphere, she was organized to be a wife, a mother and the instructor of infancy. At the same time, if she will insist upon being a physician, and is properly educated, we will receive her and consult with her, but he would not make himself the judge as to whether he will consult with Mrs. A. or B., or will not with Mrs. C, neither would he allow any one else to constitute himself the judge in the matter. We must have a standard. He and his colleagues on the committee have pointed out that she should

have the same education as is recognized for the males, and attend the same schools. Male schools are hardly up to the mark, but there is great danger of female schools going below the mark; they are money-making concerns.

Dr. ROBINETT thought that as the amendment of Dr. HARTSHORNE is so antagonistic to the nature of the original resolution and as the discussion is taking so very wide a range, the proper way would be to withdraw the amendment and offer it as a substitute.

Dr. HARTSHORNE said that if the report which Dr. CONDIE had read could be made as public and binding as the resolution which ended the report, it would be very well, and he would then have nothing to say. The resolution will form the rule, the report will be read in the society and there will end. Something is wanted to convey the meaning of the report with the resolution.

Dr. ATLEE remarked that the resolution of Dr. MOWRY was more consistent with the spirit of the report than the resolution appended to the report. He was surprised to hear that resolution read after so generous and liberal a report, therefore he seconded the motion of Dr. HARTSHORNE that the resolution of Dr. MOWRY should be added, because that is the only resolution which will consistently explain the spirit of the report. With regard to female education, he would ask any gentleman present, how are females to be educated in our male colleges? Have they not applied, year after year come to our doors and begged to be received and been rejected? In self defence they had to organize their own college, which has been in existence for the last sixteen or seventeen years. Look at their prospectus and see in what respect it differs from that of any college in the land. Gentlemen say it is cheapening education, he had not heard a single objection to the professional standing of any of the professors in the female college. At the time the resolution of 1860 was passed by the state medical Society, the professor of chemistry in the female medical college was the only irregular practitioner. He was called a homeopathic physician but he taught no practical branch; and in other colleges throughout the country the professor of chemistry is not expected to be even a medical man. He knew nothing about Dr. KERR, but there were some statements made about him at the state medical society which he understood from competent authority were erroneous. He had met female physicians before the resolution of the state medical society was passed, as he had stated before that society, and was pleased with their intelligence and information on medical topics. Certainly one of these with whom he had consulted exhibited more medical knowledge and skill and general information than perhaps one third of the male practitioners, whom he had met in consultation. Why should we be debarred from consulting with a lady of so much intelligence. It is said that these women are not graduates

of a regular college and therefore not regular practitioners. All the branches are taught in their college which are taught in any others. If gentlemen will go behind the announcements of other colleges and criticise every professor who is teaching, they may find some greater heresies existing than can be found in the female medical college. The mere circumstance of the fees being lower is no objection. Females throughout all the world are paid less than males for their services, and therefore they are not able to pay so much for what they receive. The prices of most of the smaller colleges throughout the country do not come up to those of the colleges in this city, and do not go above those of the female college.

Dr. ROBINETT said that the amendment of Dr. HARTSHORNE is not offered to the report of the committee, which is not susceptible to amendment, but to the resolution of which it is entirely subversive. He therefore called upon the chair to decide whether it be proper as an amendment or a substitute.

The president stated that he had already entertained the motion as an amendment.

Dr. ROBINETT said that merely to facilitate business, he would appeal from the decision of the chair.

The appeal was not seconded.

Dr. MAYBERRY said that his mind was not made up at Wilkesbarre whether he was not in favor of the resolution of Dr. MOWRY. On consultation, the latter accepted and seconded his (Dr. M.'s) resolution which was unanimously adopted, that the subject should go to the county societies and that they should have a whole year to report on it. For one, he would be willing to meet every evening from now until the commencing of the state medical society, if the matter could be settled. As he saw before him faces entirely different from those present when the first action was taken by this society, he would like to go into the history of the discussion. He was afraid that although the society numbered one hundred and fifty members, that it did not represent the same proportion of practitioners in Philadelphia, it did in 1859, yet he was very glad to see so large an attendance.

In 1859 a resolution was introduced in this society that any member who shall consult with or in any way recognize a female practitioner shall forfeit his membership. Upon which resolution the censors reported that they doubted the propriety of offering any opinion on the policy of the proposed legislation referred to them. The society was not satisfied. On the same evening, a resolution was offered that the board censors be requested to report what rank, if any, among the medical institutions of this state ought to be assigned to the female medical colleges and whether the members of this society shall be allowed to consult with professors and alumni of such colleges. The report of the censors in reply to this stated that they would recommend to members of the regular profession to withhold from professors

and graduates of female medical colleges all countenance and support, and that they could not consistent with sound medical ethics hold consultation with the professors or alumni of such colleges. This action was endorsed by a committee of the state medical society, which reported that the course pointed out is a correct one and demands the recognition of all the county societies throughout the state.

In 1860 the matter was again brought up in the State society by a resolution passed by the Montgomery county medical society, to the effect that females, if properly educated, should receive the same treatment as males, and that it was not just to deny women admission to male colleges, and then after they had with great perseverance established one for themselves to refuse them recognition.

The resolution of the Montgomery County Medical Society was, on motion, laid on the table. Whereupon a resolution was offered by Dr. CORSON that the Society does not forbid its members from consulting with the professors and alumni of female medical colleges on account of their sex, but because the former are irregular practitioners, and the latter have not been educated in regular medical colleges. This gave rise to an animated discussion. The Society adjourned, and afterwards, on meeting again, the following resolution was offered by Dr. NEBINGER, accepted by Dr. CORSON, and unanimously adopted:

"Resolved, That it is the sense of this Society that members of the Medical Profession cannot consistently with sound medical ethics consult or hold professional intercourse with professors or graduates of Female Medical Colleges as at present constituted, inasmuch as some of the professors are irregular practitioners, and all of their colleges ineligible to membership with the American Medical Association."

This is the point he wanted to get at. So soon as the female colleges and their graduates are recognized by the body to which we are subservient, the American Medical Association, he was ready to acknowledge them; but so long as they do not, in their course of instructions, conform to the constitution of that body and to their code of ethics, he could not give his vote to such recognition by this or the State Society, which organizations are only auxiliary to the greater body, the American Medical Association. He doubted whether the sense of the profession was so changed as to endorse the resolution of Dr. HARTSHORNE. If that be adopted it would oblige him to oppose the whole of the resolution connected with the report. He had been told that one of the professors of the Female Medical College had said that as a physician he did not deal in quackery but as an apothecary he put up what he chose, and what he thought would sell. He had been rather favorably impressed by the report of the committee and was going to move it should be extensively distributed, but he did not think we ought to move in the matter while there was so much doubt in regard to the persons who

give instruction. They had not his confidence as teachers. If they were instructing males he should not recommend any of his friends to attend their lectures.

Dr. COATES inquired whether the resolution offered by Dr. HARTSHORNE gives to the individual the power of judging with whom he should consult.

Dr. HARTSHORNE said that his purpose was to avoid the seeming affirmation of a principle by the resolution of the report which committed the society, simply to a disapprobation of female medical practice. Whether to leave the question of deciding upon the merits of female practitioners to each member of the profession, or to wait until the state society shall examine every practitioner, or whether to refer to any other particular authority, he considered a different subject for consideration. He thought that the society ought not barely to say again, that no female medical practitioner shall be recognized.

Dr. CONDIE said that if Dr. HARTSHORNE designed his resolution to be in explanation of the views of the report, it should be in this form:

Nevertheless, nothing in the foregoing resolution shall be construed to forbid any member of this society from consulting with any female practitioner, who shall be declared by the State Medical Society as regularly educated, and who gives sufficient evidence of strict adherence on her part, to the code of medical ethics.

Dr. HARTSHORNE said that with the words "a competent medical authority" substituted for "the State Medical Society" he would very readily accept that resolution instead of his own.

Dr. CONDIE made the substitution desired and, Dr. HARTSHORNE then accepted the resolution instead of that of Dr. MOWREY.

Dr. BELL said that it was impossible to put a resolution on record more vague and misleading than this with the words "medical authority." What medical authority? Most excellent medical authority may be still incompetent to judge this question. He preferred the language of Dr. CONDIE, that some recognized medical body should be the exponent of the question, in whose opinions in regard to medical science we have confidence, and in whose dictum we acquiesce. He desired to substitute, the American Medical Association, instead of "a competent medical authority."

Dr. ATLEE remarked that restrictions are placed upon females which are not imposed upon those of the other sex. What organized society selects its males whom we meet in consultation every day? Why then shall we point out females for such kind of indignity? Let us have equality of action.

Dr. CONDIE stated that the code of ethics of the American Medical Association points out with whom we shall consult. The amend-

ment applies the same rule to the female practitioner. The word graduate is not used in it. Whether she is a graduate or not, if she is properly educated it gives permission to consult.

Dr. MAYBURY moved the amendment to substitute for the words "competent medical authority," the American Medical Association. We are not competent here to decide this matter. So soon as the American Medical Association admits the professors of the female medical college to representation there, so soon we can admit them to a seat here, and he would be the first to offer an amendment to the constitution of the society to that effect. He had nothing against the sex, but thought that as they are at present educated they are not persons with whom to consult. We ask of them precisely what we require of male practitioners. Article fourth of the Code of Medical Ethics adopted by the American Medical Association expressly declares with whom consultation shall be had. He knew of some of his nurses who could hardly read the directions accompanying a prescription, who came out shortly after, with diplomas from the female medical college.

The amendment of Dr. MAYBURY was seconded and carried in the affirmative. Dr. CONDIE's substitute as accepted by Dr. HARTSHORNE and amended by Dr. MAYBURY then came before the society for consideration.

Dr. COAD said that this is a subject deserving of careful deliberation. He had understood that the legislature had recently passed a law relative to regular physicians in the state. In view of which fact he thought it inexpedient to start such an injurious innovation, and let it go forth as the action of this society. He hoped that the matter would be postponed until some future time, so that we shall be able to understand its bearing more fully, and secure a larger attendance before taking so important an action.

Dr. LEE remarked that he did not hope nor propose to add anything to the arguments advanced on either side of the question to night, but he wished to state the impression which had been made upon his own mind. He had come here biased against the admission of female practitioners to equal rights with ourselves, having recently read the very able letter of Dr. STORER upon the subject of the education of woman. He had twice been very much surprised this evening, first, by the report of the committee. Knowing the conservative source from which it came, and knowing the influence which the expression of Dr. STORER's opinion must have had upon other minds than his own, he had expected to hear a report condemnatory of the whole subject. He was delighted with the very liberal and elevated tone of that report, and more, he was convinced by it. But he was still more surprised by the resolution with which the report wound up. If the report

and resolution could be put in the form of a resolution, the reading would be,

Whereas, in the opinion of this society, the female mind is capable of reaching every stage of advancement and cultivation to which the male mind is competent.

Whereas, all history points out examples in which females have mastered every branch of science, art and literature,

Therefore, be it resolved that any member of this Society who shall consult with a female physician, shall forfeit his privilege as a member of this Society.

The resolution completely stultifies the report, he was therefore very much gratified by Dr. HARTSHORNE's motion to amend in such a way as to give somewhat more of the sense of the report to the resolution. It seemed to him, the society had no right to accept a report, the entire bias of which was in one direction and follow it by a resolution which is directly contradictory. It might be that the form which was originally adopted by Dr. HARTSHORNE was not the best, it might be that a better form has now been proposed, but it appeared to him that the resolution attached to the report of the committee, did not convey at all the sense of that report, nor did he think it would the sense of this society.

On motion of Dr. COAD the further consideration of the subject was postponed until this night week.

Adjourned.

CLARK COUNTY ILLINOIS MEDICAL SOCIETY.

According to previous announcement a number of the Physicians of Clark county, Illinois, met at the Court House, January 26, 1867, at 9 o'clock, A. M., for the purpose of organizing a Medical Society.

The meeting being called to order, on motion, Dr. W. T. Briscoe was called to the chair, and Dr. J. C. Price appointed secretary. Drs. F. R. Payne, F. H. Jennings, Sr., and J. D. Mitchell were appointed a committee to draft a constitution and by-laws, to submit to the Society for approval.

Drs. R. F. Williams, N. S. Holmes, and D. Gard were appointed a committee to establish a uniformity of medical fees for the county, and submit the same to the Society.

Drs. W. S. McNary, R. C. Prewett, and D. Gard were appointed a committee on permanent organization.

Adjourned until 1 o'clock, P. M., at which time the committees were to report.

One o'clock, P. M.

Meeting called to order; Dr. W. T. Briscoe in the chair; minutes of preceding meeting read and approved. Reports of committees being in order, Dr. F. R. Payne, Chairman of the committee for that purpose reported in full a Constitution and by-laws, together with the medical ethics of the "American Medical Association;" all of which, after some deliberation and amendments were adopted.

Dr. W. H. McNary, committee on permanent organization, made the following report, which was adopted:

President, F. R. PAYNE; Vice President, F. H. JENNINGS, Sr.; Secretary, J. D. MITCHELL; Treasurer, W. T. BRISCOE; Censors;—F. H. JENNINGS, Sr., D. GARD, R. F. WILLIAMS, J. C. PRICE and R. C. PREWETT.

The meeting being permanently organized, Dr. F. R. Payne in the chair, proceeded to business.

On motion, *Resolved*, That medical students, in good standing, may become members of this Society.

The following Physicians and Medical Students came forward and signed the Constitution and by-laws, and code of medical ethics of the Society.

Physicians:—F. R. Payne; R. F. Williams; R. C. Prewett; W. H. McNary; Daniel Gard; James C. Price; J. D. Mitchell; N. S. Holmes; Martin Flenner; W. T. Briscoe; F. H. Jennings, Sr.; Nathan Spencer; Wm. McCloud.

Students:—John W. Briscoe; Robert Bradley; W. L. Martin; Ayron Dolson; J. L. Spencer; James Blackburn.

The committee on Medical Fees reported a Fee Bill, which was adopted, from which the following is a short extract:

"Medical fees are due as soon as made.

On the first of January and July, of each year, medical bills shall be presented and settled by cash or note; and no deduction of charges shall be made, unless the poverty of the patient demands it. We agree to report to each other, a certain class, who are able to pay, and refuse to do so, and obligate ourselves not to attend such persons, until they settle up their bill. We attend charity patients, knowing we will receive no pay—freely."

Drs. F. R. Payne, F. H. Jennings, Sr., and J. D. Mitchell were appointed a committee on publication, to report at next regular meeting of the Society, April 10, 1867.

Cerebro-Spinal Mennigitis, or Spotted Fever, was selected for discussion at the next meeting.

The Constitution provides for four regular meetings in each year. The annual meeting—the first Wednesday in January. The quarterly meetings—the first Wednesday in April, July and October.

F. R. PAYNE, Pres.

J. D. MITCHELL, Sec.

—A drinking fountain, the gift of the late Tyler Davidson, is to be erected in Cincinnati. The shaft will be thirty-two feet high, with several bronze figures, to be cast in Munich, which will cost \$50,000 in gold.

Such a monument as that, is worth more than a whole cemetery full of mausoleums, marble shafts, vaults and laudatory inscriptions.

EDITORIAL DEPARTMENT.

REVIEWS AND BOOK NOTICES.

WATSON Abridged: A Synopsis of The Lectures on the Principles and Practice of Physic, delivered at Kings College, London. By THOMAS WATSON, D. D., Fellow of the Royal College of Physicians, &c., &c. Abridged from the Last English Edition. With a Concise but Complete Account of the Properties, Uses, Preparations, Doses &c. (Taken from the U. S. Dispensatory) of all the Medicines mentioned in these Lectures, and with other Valuable Additions. By J. J. MEYLOE, A. M., M. D., Philadelphia: Published by the Author. 1867. 12mo., pp. 277.

A difficult task has here been quite well performed. That it was worth while to do it may be a question. Encouragement is given to it by a very kind letter from Sir THOMAS WATSON to the author of the abridgement. But the style of this eminent teacher adds so great a charm to his matter, that, less than many others, does his work bear to be abridged. We have said however, candidly, that Dr. MEYLOE has done it well and carefully; and he has thus made a useful and convenient book. The type is rather too small and hard to read; and, besides this qualification of our praise, we must express surprise that, the author publishing it himself, nevertheless did not correct his own proofs. A list of twenty-eight "errata" has thus been made necessary; to which in our rapid reading we could add several others (pp. 111, 113, 181). Some of these errors are also rather unusually absurd; as (p. 70) "rigidity, or titanic contractions;" (p. 74) the "opposite valves of the spinal cord;" and (p. 234) in erysipelas "liberal use of urine and bark." When an author becomes publisher also, he should endeavor to do credit to both vocations.

NEW MEDICAL BOOKS.

H. C. LEA announces, as preparing for early publication,

"HARTSHORNE'S Essentials of the principles and practice of Medicine." Royal 12mo.

"THOMAS on Females: A Complete Practical Treatise. By T. GAILLARD THOMAS, M. D., of New York." One large 8vo.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., Editor and Proprietor.

PHILADELPHIA, MARCH 30, 1897.

NEW PRINTING ARRANGEMENTS.

This number of the **MEDICAL AND SURGICAL REPORTER** is the first printed under entirely new arrangements, and such as we have for years been wishing to make. It is our expectation that by this arrangement our expenses will be materially reduced, which will be of evident advantage to our readers. Besides, we expect, when we get fully under way, to be able to issue the work with greater regularity than heretofore. Our readers will notice a general improvement in the typographical appearance of the work.

There are other and more important arrangements on foot, which we expect soon to announce, and which, we believe, will be of great advantage to American Medical Literature.

THE STATUS OF WOMEN AS MEDICAL PRACTITIONERS.

The very full report of the discussion on the status of women, as medical practitioners, before the Philadelphia County Medical Society, published herewith, and which will be continued next week, precludes the necessity of our saying much on the subject. It seems to us that there is an inconsistency between the Report of the Committee and the resolution attached, which is fully shown in the discussion.

We think there is greater sensitiveness in this city on the general subject of women practicing medicine than is becoming. Whatever may be our opinion of its propriety—and it seems so very plain as to need no demonstration, that woman was created for far more sacred uses than to mingle in the turmoil, anxieties, and strife of the busy out-door world—we have to deal with the fact that there are women who suppose that they are fulfilling their calling, and supplying a necessity by devoting themselves to the practice of some departments of medicine. If they are not prevented by the heads of the families to which they belong, we cannot prevent their doing so if they choose, and it only remains for us to “accept the situa-

tion,” and use our influence in every way possible to make those that will enter the profession, capable practitioners, placing them on the same footing with men in that respect, and not throwing disabilities in their way that we do not place in the way of men.

The point on which the discussion turned, seemed to be the status of the professors in the Female Medical College in this city and the attainments of some of their graduates. Unfortunately for that college it has had to bear, and still bears, the odium of employing teachers who cannot be acknowledged by the profession. For this, though their course of instruction may be regular, they must suffer the consequences until they rid themselves of such objectionable professors. They cannot expect the medical profession to receive women, under circumstances that would preclude their receiving men practitioners.

There is one way by which this matter might be settled, viz., by the appointment of a Board of Censors, on whose report the status of practitioners, whether men or women shall be fixed by the society. We would like to see the American Medical Association adopt some such plan as that we had the honor of proposing some years since, viz: the appointment by that body of Boards of Examiners, say one for each judicial circuit of the United States Court, on whose report the Degree of “Member of the American Medical Association” shall be conferred on candidates by that body, and which degree instead of the “M. D.,” should fix the status of all practitioners.

We trust that in this, or in some other way, the status of women practitioners of medicine will soon be fixed, and thus the vexed question settled. No one denies that we have women doctors in this city whose attainments and abilities are of the highest order, the only objection to recognizing them being their equivocal associations. In New York city there are several women doctors recognized by the profession, the first name in the Medical Register of the regular practitioners of that city the last year being that of **LUCY M. ABBOT**.

—A delicate surgical operation—the taking up of the external iliac artery and removal of a tumor from the thigh—was to have been performed on a man named Gould, at Toronto, recently, but the subject died from chloroform inhaled before the operation began.

Notes and Comments.

A GOOD TIME!

Medical men occasionally have a "good time" fall to their lot. Dr. FRANK K. PADDOCK, Professor in the Berkshire Medical College at Pittsfield, Mass., and Dean of the Faculty, is one of the fortunate ones. The occasion was his marriage, on the 11th inst. with Miss ANN D. TODD, youngest daughter of Rev. Dr. TODD, on the anniversary of the fortieth wedding day of himself and his excellent wife.

At the conclusion of the public wedding ceremonies at the crowded church, many of the spectators attended the reception given at Dr. Todd's residence, where an abundance of elegant and costly gifts were presented to both the young and old couples, amounting in the aggregate to thousands of dollars in value. Says an account:

Of silverware there were three full tea-sets, two of which were for the new bride and one for the parents. Other silver articles, combining service and elegance, were contributed in great profusion, and space on the richly laden table could hardly be found for any addition to its glittering burden. Indeed, an enthusiastic guest informs us that there is hardly any article of silverware made that was not there represented. The Northampton friends were remembered by a Florence sewing machine, and 3 fifty dollar greenbacks, one each for Dr. and Mrs. Todd and Mrs. Paddock represented one of the generous parishioners. Rev. John Todd Nutting, a home missionary in Wisconsin, presented to the bride a beautiful carved jewel box, the work of his own hands.

FRATERNIZING WITH QUACKS.

We have, before us, a quack advertising sheet published in Cincinnati called "*The Doctor*" in which we are surprised and pained to see the names of prominent medical men of that city, associated with those of irregular practitioners. In a column headed "Professional Cards" we find the names of Prof. BLACKMAN of the Medical College of Ohio, and Prof. MUSSEY of the Miami Medical College, advertised with that of A. J. HOWE, an "Eclectic," under the head of "Surgery;" and that of Prof. J. F. WHITE in company with that of JOHN KING another "Eclectic," under the head of "Diseases of Women"—also the name of Prof. E. WILLIAMS of the Miami Medical College, under the head of "Diseases of the Eye;" and all of them in company with any number of letters to "my dear SILSBEE," giving accounts of numerous almost miracu-

lous cures. We learn that the publisher, and managing editor of this sheet claims that these cards are put in "by authority," and paid for as advertisements.

Some explanation would seem to be needed here, and we hope it can be given.

Correspondence.

The Influence of the New Philosophy on the Practice of Medicine.

EDITOR MEDICAL AND SURGICAL REPORTER:

In the very kind and complimentary notice you were pleased to make, in regard to my essay on the new philosophy of force, in the *REPORTER* for 23d February last, a remark occurs, which induces me to offer the following thoughts, explanatory of its probable influence on the practice of the healing art. It seems a necessary consequence that it should be very greatly changed, if not wholly revolutionized. The new law of force is sound bottom, on which all natural science must rest, or, to use a significant expression, go by the board. The best way to comprehend complex phenomena, is to study their simpler component parts. As the human body and human life are but the results of the ordinary forces of nature, light, heat, electricity, chemical affinity, etc. etc., those will best understand them who study these modes of force most closely in their simpler combinations. The acquisition of available knowledge must be the same in the healing art, as in learning to read. The simple characters which compose a word must be learned first, rising gradually to their most complicated combinations in words and sentences.

Health, disease, and remedial agencies, are but different modes of the ordinary forces, or to speak more correctly, of one and the same force.

A knowledge of what is at present known in regard to the interaction of force, confers on its possessor the ability to determine the probable value of any new or existing remedy proposed for the cure of disease. As an illustration, let me remark, that the recent discovery of Dr. BROADBENT, of London, in the treatment of cancer, is based on correct philosophy, is in fact a legitimate philosophical deduction, and the prediction is confidently made, that the surgeon's knife, will, in a very brief period, cease to be employed for the removal of cancer, and with it probably, all morbid growths or tumors. This

may not be agreeable to gentlemen partial to this branch of surgery, but agreeable or otherwise, it is tolerably certain to come to pass, sooner or later. In brief, Dr. BROADBENT's discovery materially lessens the domain of the surgeon.

Again, great complexity in any remedial measure proposed, is in itself, strong probability of defective philosophy at the bottom, and failure in the end. Judged by this standard, Dr. BANNING's ingenious, but complicated mechanical contrivances, described and describing in the past and current year of your REPORTER, are as certainly fallacious as Dr. BROADBENT's is philosophical. The disappearance of Dr. BANNING from the stage, will be the signal for his braces to betake themselves speedily to their proper place—oblivion.

A professional friend in this state, will, probably, publish a paper on the causes of periodical fevers, during the present year, of a most important character, substituting oscillations of temperature for marsh miasmata; substituting the known action of a known force, for the unknown action of a hypothetical force. As it is in accordance with the new philosophy, it must take its place among the recognized facts of science.

It would be wrong for me to anticipate the author further. It will serve to confirm simplicity as an indispensable condition of philosophic truth.

Z. C. McELROY, M.D.

Zanesville, Ohio, March 4th, 1867.

GELSEMINUM SEMPERVIRENS.

EDITOR MEDICAL AND SURGICAL REPORTER:—

In the last number of the REPORTER, I notice a request for a report of experience in the use of the remedy above mentioned.

I have used it for the past seven years with the best of results, so much so, that I prefer it to all other anodyne remedies, save, perhaps, Morphia, and in the majority of cases, even to that.

It is especially useful in the irritative fevers of childhood, producing all the good effects of opiates, without any of the unpleasant results. In these cases, I am in the habit of adding to one ounce of water, five drops of the concentrated tincture, and sometimes four or five drops of tinct. verat. viride. Of this, I give a teaspoonful every half hour, until the symptoms are relieved. After the third dose, in a majority of cases, the child will fall into a gentle slumber, from which it will awake with a brightness and cheerfulness that does not usually follow the use of any other anodyne.

It is equally useful with the adult, and espe-

cially in those patients, who, from some idiosyncrasy, cannot bear the use of opiates. Ten drops of the concentrated tincture in an ounce of water, of which one teaspoonful should be given every fifteen to thirty minutes, will readily relieve nervous headache, neuralgic pains, the general nervous irritation during the exacerbations of fevers, etc. From one fourth to one half grain of morphia may sometimes be added with advantage, and particularly so, in cases of sudden attacks of catarrhal fevers.

Given as above, it is an anodyne, febrifuge, and diaphoretic, without any unpleasant consequences, such as nausea, costiveness, deficient excretion, etc.

This is my experience stated in general terms. Without giving the history, properties, therapeutics, or citing special cases to prove my statements, I simply suggest its use to those who have not tried it.

H. WARDNER, M. D.

CAIRO, Ill., March 10th, 1867.

TYPOGRAPHICAL ERRORS IN CHAMBERS' LECTURES.

EDITOR MEDICAL AND SURGICAL REPORTER:—

I notice in the number of your interesting and valuable Journal of the 9th of March, that "LINDSAY & BLAKISTON have, as usual with them, made a handsome volume of Dr. CHAMBERS' Lectures."

Permit me to ask if a book that contains errors, of which the annexed are specimens, can be called a handsome book:—"doctering," "secundem artem," "weldom" for seldom, "lions" for loins, "grion" for groin, "naval" for navel, &c. In Dr. Aitken's Practice, two handsome volumes which the same firm has published, I do not note in reading, such mistakes as these, though the book is more than three times as large. It cannot be therefore that the publishers are unable to place a correct reprint before the profession. If we are obliged to put up with such spelling as "luster" and "fiber" we must be allowed to protest against such blemishes as the above, particularly when reviewers compliment the publishers.

I had a chance when I bought my copy of Chambers, to purchase the English edition, but to save a dollar or two, I made choice of the Philadelphia reprint. Experience has cured me of such misplaced economy.

Believing, sir, that you like a handsome

book as well as I, and most of your many readers do; and that therefore you will not consider me hypercritical in the above protest. I am, &c.

"CONSTANT READER."

DORCHESTER, Mass., March 18, 1867.

News and Miscellany.

COMMENCEMENTS.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF PENNSYLVANIA.

The one hundred and first commencement of the Medical Department of the University of Pennsylvania was held on Thursday the 14th. inst., at the American Academy of Music, in presence of a very large audience.

The Medical class for the past session numbered 464, representing 25 states, besides Brazil, New Brunswick, Nova Scotia, and the West Indies.

The procession entered the Academy at noon. It consisted of the Faculty, Trustees, Professors, and Officers of the University, and a number of invited guests. The commencement exercises were opened at noon, by Rev. Dr. GOODWIN, Provost of the University, who offered an appropriate prayer. After the performance of an overture from *Stradella* by the Germania Orchestra, under Mr. CHARLES SCHMITZ, the degrees were conferred by the Provost on the following graduates:

Maine:—J. R. Hussey.

Connecticut:—DeForest Willard, James Wylie.

New York:—John Liddell Seward.

New Jersey:—L. A. D. Allen, John E. Combs, William Hackett, E. Hollingshead, L. S. Hunt, Wm. H. Ireland, Erasmus V. Swing, Wm. H. Turner, Willard Wright, George B. Young.—10.

Pennsylvania:—L. W. Abrams, A. W. Acheson Jr., V. H. Allwein, Wm. Ashbridge, F. Ashhurst, L. Banks, L. D. Bleber, M. Bonebrake, A. Browne, Orlando W. Brownback, Charles H. Burnett, Joseph R. Caldwell, H. S. Campbell, John C. Campbell, Henry C. Chapman, Robert S. Chrisman, Peter McCauley Cook, Jonas Deisinger, Abram C. Dingman, Benjamin F. Dismant, Louis A. Duhring, Henry E. Dwight, David N. Egbert Jr., Jacob K. Etter, Orlando Fogley, Joseph Ferguson, William M. Findley, Linneus Fussell, Eugene A. Gaston, Erasmus Gerhart, C. W. Gissler, D. R. Grunlee, M. M. Griffiths, R. G. Guthrie, M. P. Harley, A. Hazzard, J. M. Hazel, S. P. Heilman, C. L. Heiman, J. H. Hill, J. F. Holahan, John C. Hutton,

Charles A. Kennedy, Wm. H. Kerr, Egan A. Koerper, Jacob A. Krumrine, Charles C. Lange, Frederic W. Lewis, Edward Lyon, Alex. Sweeney McElwee, John Andrew MacLay, Amandas J. Laubach, (M. D.), Thomas Maguire, John M. Mangan, Edw. J. Marshall, John K. Maxwell, Geo. K. Meschter, James Miller, (M. D.), James P. Milner, Frank Muhlenberg, Isaac W. Newcomet, Edward J. Nolan, Henry B. Nune-macher, Henry Oranide Orris, Geo. R. Parry, Harry Pawling, Benjamin R. Peltz, Josiah Peltz, David Huber Plank, David E. Ray-buck, Michael F. Raysor, Elam Rhoads, Elliott Richardson, Chas. M. Pitz, Isaac E. Roberts, W. H. Romig, Herman Row, Benj. F. Saurman, Edward Lane Schofield, Addison Schultz, Samuel C. Seiple, W. G. M. Seiple, Theo. H. Seyfert, J. R. Shallen-berger, Abraham Shank, Alex. H. Sheaffer, William Shuler, W. Buffington Smith, Wm. O. Stephens, John W. Stewart, Thomas A. Strasser, William A. Supplee, Edward C. Taylor, Samuel Trimble, Stephen Vlock, Geo. R. Welchans, William Weightman, Albert M. Williams, Jonathan P. Worrell.—100.

Delaware:—Enoch G. Clark, Dennis N. Connor, Samuel Creadick, R. W. Hargadine, Wm. M. Dickerson, David D. Palmer, James T. Thompson, Robert S. Watson, James H. Wilson.—9.

Maryland:—Charles B. Byrne, H. L. Byrd, (M. D.), Caldwell Ireland, John W. Pitts, Geo. W. Schlusser, J. Oscar Skinner (M. D.).—6.

District Columbia:—R. V. Aulick, J. D. Barnes, Robert Farnham.

Virginia:—W. H. Bolling, Thomas Pretlow Jr.

North Carolina:—H. T. Banson, W. B. Bray, Cornelius F. Dowd, R. J. Gill, John S. McClennan, Thomas C. Powell, Nathaniel S. Siewers.—7.

Georgia:—Charles Coleman, Edward J. Johnson.

Alabama:—James B. Whitfield.

Tennessee:—M. M. Alexander, James S. Rawlins.

Ohio:—Horace P. Kay, (M. D.), William H. Manning.

Illinois:—Samuel A. Dow.

Michigan:—Charles F. McElrath.

Nova Scotia:—C. A. Black, John W. Oove.

New Brunswick:—H. Broadshaw.

Cuba:—Pablo Cautera.

West Indies:—P. T. Huggins.

Chile:—Olot Page.

At a public commencement, held in July, 1866, the Degree of Doctor of Medicine was conferred on CHARLES WINSLOW, New York. Total, 156.

The Honorary Degree of Doctor of Laws was conferred upon Major-Gen. S. Wylie Crawford.

The Valedictory was delivered by Dr. Jo-

SEPH CARSON, Professor of Materia Medica and Therapeutics.

In this he dwelt upon the importance of a right comprehension of the objects to be aimed at in connection with Professional Science. Wisdom would dictate deliberate consideration of all the circumstances which may control or influence the result when entering upon any enterprise involving much responsibility, and curtailing with success or failure, either prosperity and happiness, or difficulty and distress. In aiming at success, however, correct and definite ideas should be entertained of its nature and the means of its accomplishment; for, to enter upon the voyage of life without them would be as senseless as the expedition of the mariner to distant lands without a thought of where they lie, and destitute of the ordinary helps of navigation. The rocks and whirlpools that are placed in the track of every man's existence are numerous and deceptive, and ere he may be aware of their proximity, the bark so richly freighted with his resources may come upon them, the victim of his heedlessness or folly. To the honorable and exalted spirit all success is not desirable: That which is the offspring of unsettled principles, unsteady purpose and springs of action must necessarily only be ephemeral and evanescent; while that alone which originates from a determinate plan of operation, in which the objects of attainment have been properly appreciated, where motives both laudable and substantial constitute the ground-work, can prove durable and satisfactory. By the course which you have pursued, it is clear that you have fully appreciated the first and most important element of success—adequate preparation to perform the duties appertaining to the vocation you have selected. The necessity of the obligation to acquire the requisite knowledge to become safe and efficient practitioners of the healing art, would appear to be undeniable—a self-apparent truth—but its full force and cogency are frequently overlooked or ignored by the public. Indeed, if there be an evil prevalent in our day and generation, it is the assumption of duties and responsibilities, for which there is no fitness from previous training, physical, moral, or intellectual. The presumptuous mind of man is undismayed by ignorance and incapacity, and urges to the arrogation of trust and confidence to which there can be given not even the shadow of a title. In the mechanical arts and those that can be comprehended by the majority of mankind, such arrogance can be detected, and contempt and ridicule are brought upon the individual who renders himself amenable to them. But beyond the pale of the class alluded to, there exist numerous occupations of which no correct or adequate opinion can be formed, and in which, for a time at least, faith is accorded to bold pretention and unhesitating promises.

He insisted upon the necessity of sedulous, enthusiastic devotion to the study of discoveries and improvements in the science of medicine, and illustrated the effects of enthusiasm by reference to the labors of prominent benefactors in the profession. In connection with co-operative effort, the following remarks were made: "No one who enters the profession of

medicine can regard himself as isolated from his fellow practitioners. Each of us, when he enrolls himself among the number of those who pursue and cultivate it, is bound by every high and honorable sentiment to act in concert with them for its dignity and advancement. As the charge which is committed to us involves the welfare of mankind, we are bound to recognize and to submit to the compact which unites all in a common brotherhood to uphold it successfully. Separation from sympathy or effort with co-laborers is incompatible, not only with progress, but with respectability, and he who for selfish purposes pursues this course, may justly be suspected of pretention or charlatanism.

The Profession of Medicine, originating in the necessities of the human race, has, in the course of centuries been organized and made amenable to regulations which have been instrumental in carrying out its benevolent intentions, and in facilitating the attainment of objects that are desirable, viz: the harmonious co-operation of those who are engaged in its practice, and the increase of that knowledge which is essential to its utility.

A necessity of cherishing amiable relations with compeers is obvious from the comfort and satisfaction which are afforded in the performance of our duties. We are prompted to it by generous and noble impulses, as well as by a deep perception of wants and frailties which are common to humanity. Difficulties and trials, doubts and uncertainties must, at one period or another, attend the course of every one, and friendly council and assistance are requisite to remove or to dispel them. But in proportion to the cultivation of such relations, and the frank reliance upon each other which is exhibited, does our profession derive positive advantages, for, if practised in the spirit of reciprocity, and not of jealousy and rivalry, it must be esteemed and prosperous.

In this connection may be urged the importance of studying closely and adhering rigidly to the Code of Ethics which is now authoritative in our country; and furthermore, I would enjoin upon you the propriety of the closest union with a Medical Society.

I wish next to insist upon a quality which is a moral one, and this is candor. In its influence upon society there is, perhaps, nothing so impressive or so fruitful of good as the correct and faithful representation of things as they actually exist. The necessity of it is more conspicuous from the gloom and the fictitious covering ordinarily investing the affairs of life; for, specious misrepresentation is so prevalent that the attainment of declarative truths is frequently difficult, it perverts the atmosphere around us, and leads into mistake and error.

Under all circumstances the medical profession should be represented in its true light without assumption or pretention. The science upon which its claims are based, is, like other sciences, pursued and comprehended through the avenues of the senses and intelligence. The physician is no prophet—no miracle worker. He does not, moreover deal in specifics. He never has possessed infallible remedies, and never

will possess them. The whole art of medicine consists in studying nature, and in applying such resources as will aid and sustain her in spontaneous efforts.

The expectation has been entertained, and in some quarters still ignorantly prevails, that certainty in the treatment of disease can be attained, that morbid alterations of the human body may be ultimately deprived of apprehension, and death postponed until life has run off its thread entire. Has any knowledge that depends upon the mere exercise of reason ever attained certainty in its application? Has the dispensation of the laws by the ablest intellects, or the eloquence and unction of the holiest of men, even when proclaiming revelation, been able to eradicate moral degradation or the heinous distempers of the soul? All things are possible with God, but the power of man, directed by the most enlightened, by tact and knowledge, is limited. Inability to arrest decay of elements and preserve vitality, when an inveterate malady, or long and vicious indulgence has conspired against it, implies no lack of skill or information. It is assumption then to approach the sick in any other character than that of the one who can only bring to his aid the patient attention of an experienced and carefully educated man. This candor demands, and to presume to more betokens the impostor.

The distribution of bouquets and baskets of flowers was quite a feature of this gala occasion. The stage was literally piled with these superb testimonials of the interest of the fair friends of the young gentlemen, and they were now distributed to them by the Dean, Professor R. E. ROGERS, M. D. The benediction was then pronounced by the provost, and the exercises were concluded with "Home, Sweet Home," and the "Schuetzen March," by the Germania. The whole affair was admirably managed and spoke volumes for the high character and the enduring vitality of the venerable University of Pennsylvania.

HARVARD MEDICAL SCHOOL, BOSTON, MASS.

The following account of the commencement of the Harvard Medical School we copy from the *Boston Medical and Surgical Journal*:

The usual exercises of the graduating class of the Medical School of Harvard University and the conferring of degrees, took place at the Medical College on Wednesday, the 18th inst. The anticipated address from Prof. AGASSIZ added a special attraction to the occasion, so that the largest lecture-room of the college was crowded to its utmost capacity. After the usual introductory exercises, six of the theses selected from those of the graduating class were read by their respective authors, all of them giving evidence of creditable devotion to their studies, and some of them of decided originality of thought. Medical degrees were conferred upon eighty-two graduates.

Professor AGASSIZ commenced his address

by an apology for presenting himself to his audience without any elaborate preparation.

Circumstances had prevented this, but he should do injustice, he said, to the feelings of sympathy toward the Medical School which were felt in the other departments of the University, if he had failed to appear before them. The subject which in such a connection naturally suggested itself to his mind was the application of experimental physiology to medical science. Granting the immense importance of such investigations, he held that they were only justifiable when based on a full appreciation of the identity of plan in the structure of man and the lower animals. He did not dwell on the importance of these investigations, but used them as arguments for a full and thorough study of Comparative Anatomy. Only such a knowledge of this subject as made it evident that there was a similarity in the plan of structure between the lower animals and man could justify such researches. He illustrated his point by reference to the various orders of the animal kingdom, directing attention to those which by their organization made them the most proper objects for experiment, and indicating others, which form the very nature of their vital phenomena could not justify any deductions to phenomena in man. He urged the great importance of studying these peculiarities in animals themselves, not in books; and incidentally referred to the great advantage to be thus gained in skill in minute dissection and the use of the scalpel.

Professor AGASSIZ paid a just tribute to the general scientific attainments of the medical profession, and alluded to the great confidence which as a class they almost universally command; urging it as a motive for the continued pursuit of scientific studies through life, and incidentally paying a tribute to the acknowledged head of the medical profession in Boston at the present time, as showing in his advanced years more intellectual activity than most younger men.

Prof. AGASSIZ next spoke of the theories of transmutation of species, so popular just now, as a subject naturally associated with the topics he had been discussing. He impressed upon his hearers the importance of considering such questions for themselves, and of not being led away by any doctrines merely because they were popular. In connection with this topic he took occasion to enforce the value and importance of original observations with the microscope. He described in a cursory manner the development of all animal life from the egg, giving an outline of cell-development and transformation, and indicating the classes of animals whose development could thus be studied, either on the sea-coast or in the interior. He remarked upon the difference which exists among allied animals of the present day; which, however closely they may approach each other, still retain their type and never merge into each other, still presenting the same characters as their mummified representatives found in Egypt. He referred, as

an interesting fact in this connection, to the much greater changes than the theory of transformation supposes which take place in the different stages of development of animals, but which never lead to a change of type, the same species ultimately always resulting from the same egg; or, if a departure from the type occurs, constituting a monstrosity, which, as all medical men know, is not perpetuated. Prof. AGASSIZ ascribed the readiness with which the theory which he had been discussing found acceptance at the present day, to the popular ideas about improvement and progress. His discourse was listened to with much interest by the large audience assembled, and was calculated to produce an excellent effect upon those for whose benefit it was specially designed.

The fifteenth Annual Commencement of the *Female Medical College of Pennsylvania* was held in the College Building, North College avenue and Twenty-second street, on Saturday, the 16th, at 12 o'clock M. The Valedictory Address, by Prof. Mary J. Scarlett, was a sensible and well-written production, and was listened to by an intelligent and appreciative audience. The degree of M. D. was conferred by T. Morris Perot Esq., President of the Board of Corporators, upon ten graduates.

The class, during the session which has just closed, numbers forty-four students, many of whom are ladies of superior culture. The Woman's Hospital of Philadelphia, which is connected with this College, treats between two and three thousand cases annually and has, besides its valuable property, fourteen thousand dollars secured towards an endowment fund.

The *Philadelphia College of Pharmacy* held its forty-sixth annual commencement on Friday evening, March 15, at the Academy of Music. The spacious building was crowded in all parts, and the majority of persons composing the audience were ladies. The degree of Graduate in Pharmacy was conferred on the graduating class by the Vice President of the College, Dillwyn Parrish, and the Valedictory address was delivered by Professor Robert Bridges. The presentation to the college on behalf of the class was made by Mr. B. S. Erwin.

There were 42 graduates.

The exercises of the Seventh Annual Commencement of the *Miami Medical College of Cincinnati* were held on Friday evening, March 1st.

The exercises were as follows:—Prayer by Rev. W. S. Studley, D. D., of Trinity Chapel; Address and Conferring Degrees by Right Rev. C. P. McIlvaine, President of Board; Valedictory Address on behalf of the Faculty, by Prof. W. H. Mussey, M. D.; Valedictory Address in behalf of the Class, by J. M. Curtis, M. D., West Liberty, West Virginia;

Benediction by Rev. C. L. Thompson, of First Presbyterian Church.

The number of graduates was thirty-nine.

A supplementary course of instruction will be given at the College, commencing March 18th, and continue until the 1st of July.

THE MAINE MEDICAL SCHOOL:—The *Brunswick Telegraph* says that eighty students—more than were ever present before on a similar occasion—were in attendance at the opening lecture of the Maine Medical School last week.

THE PLANT THAT CAUSES MILK-SICKNESS.

The following article clipped from the *Missouri Republican*, is referred to in a communication on a preceding page.

Yesterday Mr. WM. JERRY, of Madison county, Illinois, residing four miles from Edwardsville, called to say that he thought he had discovered the plant which occasions milk-sickness. He related the following facts: In June, 1860, he went out to gather wild greens, and plucked the common nettle, as he supposed, a plant that makes excellent greens. His wife cooked it. At dinner he was the first to partake of it. Noticing a peculiarity of taste and odor entirely unlike that of the nettle, he was doubtful as to the character of the plant. None of his family partook of it. On the next day, the 1st of July, while conversing with a neighbor, he was seized with violent trembling, weakness and faintness, symptoms familiar to those who have seen persons affected with milk-sickness. The next day vomiting set in with violent retching and a fevered state of the stomach. These attacks recurred often, with great prostration, great nervous derangement and trembling. He did not recover from the effects of eating that plant for five years. During that period he gave more or less attention to the plant, making himself familiar with its appearance at different stages of its growth. At one time he made a decoction of the root and gave to his dog, producing violent sickness in the animal. Last September, at the farm of Mr. KLEIN, one of his neighbors, he saw a horse affected with milk-sickness, exhibiting the well-known symptoms. The breath of the horse was strong with the odor of the plant Mr. JERRY had eaten in 1860, and he was satisfied the animal had partaken of the same, as the plant was common in the range about there.

Mr. J. describes the plant as being from two to four feet high when grown. When young, in May and June and a part of July, it resembles the nettle. It blooms early, and continues in bloom till frost. When in bloom animals eat it and like it. It is a branching plant with ovate leaves and thorns or teeth. Mr. J. represents that when the ground is stirred and ploughed where the plant grows it dies, and that it may be exterminated by cultivation.

Much interest has been taken in this matter by persons in Edwardsville, among them Judge GILLESPIE, at whose suggestion Mr. JERRY brought specimens of

the plant to Mr. ENNO SANDERS, the thoroughly accomplished chemist of this city, for examination. Mr. SANDERS examined it, and gave to Mr. JERRY the following report:

MARCH 1, 1867.

Sir—The botanical name of the plant you showed me this morning is *Eupatorium Ageratoides* L. (white snake root), smooth, branching, 3 feet high, leaves broadly ovate, pointed, coarsely and sharply toothed, long petioled, thin (4 to 5 inches long), corymbs compound—(Asa Gray's Manual of Botany of the United States, page 188.) It belongs to the order Compositae; Suborder Tubuli florae; Tribe, Eupatoriaceae.

Respectfully,

ENNO SANDERS,
Manufacturing Chemist.

If the plant discovered and brought here by Mr. JERRY, and examined by Mr. SANDERS, is of the species *Eupatorium*, it can only be said that it is a well-known plant, and that it has not generally been supposed to possess noxious properties. The subject, however, is worthy of further examination and experiment. The Legislature of Illinois several years ago, we believe offered a handsome reward to any one who would discover the cause of milk sickness. If the plant gathered and eaten by Mr. JERRY, produced that disease in him, it is quite easy to determine whether it will cause the disease in animals, such as bullocks and cows. Mr. JERRY informs us that it is the intention when the plant starts this spring to feed it to cows to learn whether it is a plant of such properties as to produce milk sickness.

HOMEOPATHY.

A correspondent of *L'Union Medicale* publishes the following inquiry:

"What has become of homeopathy in Paris? I am told that it is singularly on the decline. Is it true? Here (the writer is speaking of a large provincial town) its former renown has passed into a *souvenir*. Moreover, one of its most zealous partizans, whom I met accidentally the other day, assures me that a great schism has broken out in the homeopathic camp, of whose members a few remain faithful to the Hahnemannian ritual and infinitesimal doses, but the greater part have only retained the doctrine of *similia similibus*, and reject as foolery the system of the founders. My informant ranged himself openly upon this side and assured me that the heads of the sect at Paris were about to publish a formal repudiation of infinitesimal doses. What credit must one give to these assertions.

In reply, the editor of the *Union* publishes the report of a seance held by the Homœopathic Society of France on the 2d of last December, where the question of infinitesimal doses was warmly discussed, and their efficacy by several of the members boldly called in question. M. CURIE formally renounced his belief in dilutions. He said that he was far from considering the question ridiculous, or denying the abstract possibility of the efficacy of remedial agents taken in an imponderable quantity, since every one knew the positive effect of imponderable quantities of many toxic agents, as misamis for example. But, it was one thing

to assert that an effect was possible, and quite another to prove that it actually took place. His own experience had led him to the conclusion that no effect was produced by highly diluted doses of medicine.—*N. Y. Evening Post*.

POPULATION OF NEW YORK CITY.

The following which we find in the *Providence (R. I.) Journal* we suppose to be from the pen of Dr. SNOW.

The Board of Health in New York City, reports that 4,299 persons were married in that city, during the quarter ending December 31, 1866; and from these returns, they undertake to prove that the population of New York at present exceeds 1,000,000.

The reasoning is this: The rate of marriage to population in Massachusetts and in London, is about 17 persons in each 1000, annually. Assuming that the number of marriages in the last quarter of the year 1866 was the same in all the quarters of the year, it would give a rate of 17 persons married during the year, in every 1000 of a million inhabitants;—therefore, New-York has a million inhabitants or more.

There are several serious objections to this reasoning, which greatly modify the result.

In the first place, it is a mistake to assume that the marriages in the last quarter of the year are the same as in the other quarters. There are uniformly, in this country, many more marriages in the last than in either of the other quarters of the year. In Providence, for a series of years, about 30 per cent. of all the marriages during each year, have been in the last three months.

2. It should be remembered that many persons from the country go to all our cities to get married, and thus the number of marriages in cities is greater than the true proportion to population, and therefore

3. The assumption that 17 in each thousand is a true rate of marriage, as a rule in this country, is entirely incorrect. The rate differs largely in different localities, and in different years, and there is always a great difference between the cities and the country, and between cities in this and other countries.

In Providence, for the whole year 1866, the rate was exactly 29 persons married in each 1000 of the population, and in Boston, in 1865, the rate was 28.3 in each 1000. If we assume, as they do in New York, that the true rate is 17 to each 1000, the same process by which it is shown that New York has a million inhabitants, will prove that Providence has more than 95,000 inhabitants, and Boston more than 330,000, whereas, in fact, Providence has about 56,000, and Boston about 300,000. If we take the last quarter of the year as a standard for the whole year as they do in New York, the same reasoning will prove that Providence has more than 114,000 inhabitants.

If our New York friends wish for a standard to estimate their population, there is certainly more reason for taking the rate of marriage which is known to be correct in Boston and Providence. Let us assume that the rate in New York is the same as in those cities, say 28.5 persons married to each 1000 of the population. This, according to their returns of marriages as r-

ported, would give to New York a population of exactly 608,368.

The truth is the number of marriages in 1866, was generally in this part of the country, larger than usual, and the number in that year, or in fact in any year, and especially in any quarter of the year, furnishes no correct standard for estimating population in this country.

Until New York can furnish more convincing proofs than this, we must be permitted to doubt very much that she has one million inhabitants, or any ways near it. *En passant*, we suppose the number of persons (4,299) married in New York, as reported, illustrates some peculiarity of the mode of marrying in the metropolis. In Providence and other provincial places, persons are generally married in couples, and the whole number of persons married, is usually an even number.

SOUTHERN RELIEF FUND.

Those of our readers who have the ability and disposition to contribute for the necessities of those who are suffering for food in some portions of the Southern States, will please send their contributions to Dr. LUDLOW, No. 10 North Merrick street, Committee of a meeting of citizens for the medical profession. We trust that the contributions from our profession will be liberal.

—SUPPRESSION OF QUACKS.—An English medical journal says that legal steps have been taken in England to arrest the practice of certain of those quacks who, having been struck off the rolls of the colleges, still add to their names the initials indicating the possession of their titles.

—THE following very popular "cure for the cholera" we recommend only when "advised by the attending physician:"

R.—*Aqua pura*, 1 oz.; *spt. vini. gallici*, ad lib.; *saccharum, quantum. suff.*; *Misce. Ante vel post-prandium sumendus; omn. dimid. hora.*

DR. JOHN V. WYKOFF of Readville, Hunterdon county, died very suddenly of neuralgia of the heart, at the residence of Dr. Henry H. Van Derveer, in Somerville, on the 18th inst. During the morning, he had complained of his breast, and when dinner was announced said he did not feel like eating, and did not partake. About a quarter of 2 o'clock he went to the office of Dr. VAN DERVEER, and stated his case, took a seat, and by the time the Doctor had made an application to apply to his breast, he was observed to be dying, and in a few minutes was a corpse.

—LIME-JUICE IN THE FRENCH NAVY. Lime-juice, says the *Journal de Médecine*, has been in common use in the British navy for a long series of years; but the Crimean war and Anglo-French expedition to the Baltic were necessary to make it known to our navy. The earliest results were conclusive as to its value. Now, remarks M. REY, not a single French vessel sets sail for a long voyage without its regulation provision of lime-juice.

Army and Navy News.

NAVY.

List of changes, &c., in the Medical Corps of the U. S. Navy, for the week ending March 14th 1867.

Passed Assistant Surgeon J. B. Ackley, ordered to the relief ship Constellation, Philadelphia.

Surgeon T. E. Potter, and Passed Assistant Surgeon Jno. D. Murphy, detached from the U. S. steamer Lancaster and placed on waiting orders.

Assistant Surgeon Aug. T. Pick, ordered to duty, at Naval Hospital, Pensacola.

Dr. Wm. N. Nickerson, appointed and commissioned an Assistant Surgeon, from March 2d, 1867.

DIED.

BIGALOW.—At Worcester, N. Y., Feb. 8th, 1867, Dr. A. T. BIGALOW, in the 63th year of his age, a man of high moral and Christian worth. As a Christian physician he carried with his healing art the support and consolation of religion to the bedside of his patients and the house of mourning, and exemplified the savor and power of it in a consistent life and walk before God and man.

COUPER.—At New Castle, Del., 22d inst., MRS. HANNAH COUPER, relict of the late Dr. JAMES COUPER, 88., in the 80th year of her age.

CRAWFORD.—At Alandale, near Chambersburg, Pa., 19th inst., JANE, wife of Dr. S. W. CRAWFORD, in the 70th year of her age.

HIBLER.—In Bellefonte, Pa., on the 10th inst., EDITH CHARISSA MORAN, wife of Dr. WILLIAM A. HIBLER, in the thirty-second year of her age.

PRETLOW.—In Covington, Ky., March 17th, of consumption, ELIZABETH ANN, beloved wife of Dr. RICHARD PRETLOW, aged 53 years.

RODEFER.—In New Market, Tenn., March 12th, of Cerebral inflammation, ANNA OLIVIA, infant daughter of Dr. WILLIAM P. and M. LIMIE RODEFER.

WARD.—In this city, on the 22d inst., Dr. D. O'C. WARD, in the 30th year of his age.

WASHINGTON.—On the 18th inst., in the 81st year of his age, at the residence of his son-in-law, Dr. MACKENZIE, in Delhi, Ohio, Mr. SAMUEL WASHINGTON, formerly of Culpepper county, Va., grandson of GENERAL WASHINGTON's brother SAMUEL.

METEOROLOGY.

Day of Month.	Lowest Point.	Eight o'clock.	Twelve o'clock.	Barometer.	Three o'clock.	Depth of Rain.	Wind and Weather.
11 37	47	33	30.2	54			N. E. Cloudy. Rain.
12 35	40	42	29.9	44			N. E. Cloudy. Rain.
13 35	39	42	30	44	7-10		E. Cloudy. Rain.
14 25	28	29	30.2	29			N. W. Clear.
15 18	27	29	30.6	30			N. E. Cloudy.
16 17	28	30	30.2	31			N. E. Cloudy. Snow.
17 21	30	40	29.8	29			N. W. Cloudy. Snow 5 inches.

B. J. LARSON.